



Commonwealth  
of Massachusetts

Center for Health  
Information and Analysis

# All Payer Claims Database Data Volume Reports

## 2008 - 2012

### March 2013

The Commonwealth of Massachusetts established an All Payer Claims Database (APCD) in 2010 as one of the largest data collection efforts undertaken by the state. Regulation 114.5 CMR 21.00, Health Care Payer Claims Data Submissions, requires health insurance payers to submit medical, pharmacy, and dental claims, as well as information about member eligibility, benefit design, and providers to the Center for Health Information and Analysis (CHIA) for Massachusetts residents. The goals of the APCD are to provide administrative simplification to payers and to provide access to timely, accurate, and relevant data for improving quality, mitigating costs, and promoting transparency in the health care delivery system.

The charts below depict the number of records submitted to the Center as of December 2012 by health insurance payers. These Data Volume Reports are a concise way of presenting the amount of APCD data collected by year and file type.

Please feel free to submit any questions related to the reports to the Center's APCD mailbox: [CHIA-APCD@state.ma.us](mailto:CHIA-APCD@state.ma.us).

Thank you for your interest in the All Payer Claims Database.

Commonwealth of Massachusetts-Center for Health Information and Analysis (CHIA)  
APCD Data Volume Reports 2008-2012 (based on data received by 12/19/2012)

Nationwide Life Insurance Company														
File Type*	Submission Year	January	February	March	April	May	June	July	August	September	October	November	December	Total
PR	2010	0	0	0	0	0	0	0	0	0	0	0	98	98
PR	2011	0	0	98	0	268	99	0	0	195	0	0	195	855
PR	2012	0	0	195	0	0	195	0	0	195				585
ME	2009	0	0	0	0	0	0	0	0	0	0	0	134,293	134,293
ME	2010	0	0	0	0	0	0	0	0	0	0	0	170,238	170,238
ME	2011	90,529	82,896	82,683	82,702	93,124	88,312	88,370	98,449	51,654	51,821	51,824	50,366	912,730
ME	2012	52,817	50,886	50,682	50,625	50,576	48,984	49,719	49,629	33,574	37,968	37,807		513,267
PV	2011	974	961	1,088	1,117	1,155	1,327	1,136	1,110	888	745	924	870	12,295
PV	2012	872	789	1,012	934	940	1,070	899	952	735	613	557		9,373
MC	2008	13,861	10,108	9,035	11,786	10,921	9,359	10,252	10,564	9,506	7,597	6,049	8,513	117,551
MC	2009	7,299	10,106	10,004	8,319	9,849	13,363	10,777	8,424	5,137	11,501	7,488	11,345	113,612
MC	2010	14,760	11,549	13,147	15,849	16,252	17,421	18,722	13,123	8,774	6,503	5,314	7,473	148,887
MC	2011	5,074	4,683	5,396	5,630	6,490	7,011	5,321	5,694	4,375	3,598	5,196	4,580	63,048
MC	2012	4,405	3,532	5,654	5,340	4,960	5,793	4,117	4,814	3,591	2,898	3,278		48,382
PC	2008	1,124	935	1,017	1,010	1,072	957	922	819	593	865	479	1,428	11,221
PC	2009	889	1,094	1,057	590	1,616	1,050	1,122	486	1,598	1,677	1,150	3,501	15,830
PC	2010	2,256	1,279	3,604	2,699	2,469	1,300	3,785	1,642	371	889	1,154	1,755	23,203
PC	2011	1,068	660	1,144	1,229	1,610	966	1,289	940	498	742	890	827	11,863
PC	2012	396	835	742	836	718	415	714	354	433	293	356		6,092
DC	2008	0	0	0	0	0	0	0	0	0	0	0	0	0
DC	2009	0	0	0	0	0	0	0	0	0	0	0	0	0
DC	2010	0	0	0	0	0	0	0	0	0	0	0	0	0
DC	2011	0	0	0	0	0	0	0	0	0	0	0	0	0
DC	2012	0	0	0	0	0	0	0	0	0	0	0	0	0

**\*Key:** PR=Product Records; ME=Member Eligibility Records; PV=Provider Records; MC=Medical Claim Lines; PC=Pharmacy Claim Lines; and DC=Dental Claim Lines.

**The Volume Report presents the APCD inventory as of December 2012 and reflects the related compliance requirements:**

- Medical, pharmacy, and dental submissions are required monthly beginning January 2008.
- Provider submissions are required monthly beginning January 2011. The May 2011 submission contains historical records from 2008 through May 2011.
- Product submissions are required quarterly beginning December 2010. The May 2011 submission contains historical records from 2008 through 2010 plus 2011, quarter one.
- Member eligibility submissions are required monthly beginning in January 2011. Prior to 2011, payers were required to submit two eligibility files: a December 2009 eligibility submission covering calendar years 2008 and 2009, and a December 2010 eligibility submission covering calendar years 2009 and 2010. Eligibility files contain data for twenty-four months of member eligibility.
- The APCD liaisons monitor and enforce compliance rules and authorize exceptions. Some carriers have incomplete data due to: exemptions from filing, limited claim or member base, phasing into APCD and are currently in testing or ramping up their production data filings, are in the process of updating specific submissions, and /or non-compliance.

**These numbers represent the number of records submitted, not actual counts of members, providers, products or claims.**









